

- ☒ Recruit prospective employees from educational institutions, including area schools and colleges with minority and women enrollments. Educational institutions contacted for recruitment purposes during the past 12 months and the number of minority and/or women referrals are:

Educational Institution	Number of Referrals	
	Minority	Women
Syracuse University	1	2
Cayuga County Community College		3
Ithaca College		1

- ☐ Contact a variety of minority and women's organizations to encourage the referral of qualified minority and women applicants whenever job vacancies occur. Examples of such organizations contacted during the past 12 months are:

Organization	Number of Referrals	
	Minority	Women
No women's organizations which could provide job applicants.		

- ☒ We encourage present employees to refer qualified minority and women candidates for job openings. The number of minority and/or women referrals are:

Minority	Women
1	1

- ☐ Other (specify) and the number of minority and/or women referrals are:

Minority	Women

V. JOB HIRES

A broadcast station must consider applicants for job openings on a nondiscriminatory basis. Further, to assure that qualified minorities and women are given due consideration for available positions, it must make efforts to encourage them to apply for job openings.

During the twelve-month period prior to filing this application beginning (Month-Day-Year) 1-21-90 and ending (Month-Day-Year), 1-21-91 we hired:

Total hires 12 Minorities 1 Women 4

During this period, for positions in the upper four job categories, we hired:

Total hires, upper 4 Minorities 0 Women 3
four categories

V. PROMOTIONS

A broadcast station must promote individuals on a nondiscriminatory basis. Further, to assure that qualified minorities and women are given due consideration for promotional opportunities, it must make efforts to encourage them to qualify and apply for advancement.

During the twelve-month period prior to filing this application beginning (Month-Day-Year) 1-21-90 and ending (Month-Day-Year) 1-21-91 we promoted:

Total promotions 4 Minorities Women 1

During this period, in the upper four job categories, we promoted:

Total promotions, upper 4 Minorities Women 1
four categories

VI. AVAILABLE LABOR FORCE

A broadcast station must evaluate its employment profile and job turnover against the availability of minorities and women in the relevant labor market. The FCC will use labor force data for the MSA in which your station is located, or county data if the station is not located in an MSA, to evaluate your station's equal employment efforts. If you use these data in your evaluation, you need not submit them to the FCC.

The purpose of this document is to remind broadcast station licensees of their equal employment opportunity responsibilities and to provide the licensee, the FCC and the public with information about whether the station is meeting these requirements.

GENERAL POLICY

A broadcast station must provide equal employment opportunity to all qualified individuals without regard to their race, color, religion, national origin or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination.

A broadcast station must also encourage applications from qualified minorities and women for hiring and promotion to all types of jobs at the station.

I. RESPONSIBILITY FOR IMPLEMENTATION

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

NAME Minturn S. Osborne TITLE V.P., Radio Division

It is also the responsibility of all persons at a broadcast station making employment decisions with respect to recruitment, evaluation, selection, promotion, compensation, training and termination of employees to ensure that no person is discriminated against in employment because of race, color, religion, national origin or sex.

II. POLICY DISSEMINATION

A broadcast station must make effective efforts to make management, staff, and prospective employees aware that it offers equal employment opportunity. The Commission considers the efforts listed below to be generally effective. Indicate each practice that your station follows. You also may list any other efforts that you have undertaken.

☒ Notices are posted informing applicants and employees that the station is an Equal Opportunity Employer and that they have the right to notify an appropriate local, State, or Federal agency if they believe they have been the victims of discrimination.

☒ Our station's employment application form contains a notice informing prospective employees that discrimination because of race, color, religion, national origin or sex is prohibited and that they may notify the appropriate local, State, or Federal agency if they believe they have been the victims of discrimination.

☒ We seek the cooperation of the unions represented at the station to help implement our EEO program and all union contracts contain a nondiscrimination clause.

☐ Other (specify)

III. RECRUITMENT

A broadcast station must make efforts to attract qualified minority and women applicants for all types of jobs at the station whenever vacancies occur.

Indicate each practice that your station follows and, where appropriate, list sources and numbers of referrals.

☒ When we place employment advertisements with media some of such advertisements are placed with media which have significant circulation or viewership, or are of particular interest to minorities and women in the recruitment area. Examples of media utilized during the past 12 months and the number of minority and/or women referrals are:

	Number of Referrals	
	Minority	Women
<u>Auburn Citizen and Syracuse Post-Standard</u>		<u>5</u>
<u></u>		
<u></u>		

This section is optional:

As an alternative to MSA or county labor force data, you may use other data that more accurately reflect the percentages of women and minorities in the labor force available to your station. If such alternative data are used, that data must be submitted on the table below and an explanation attached as to why they are more appropriate.

Percentage in the Labor Force	Women	Blacks not of Hispanic Origin	Asian or Pacific Islanders	American Indians or Alaskan Natives	Hispanics
58.9	43.2	.003029	.0007	.000008	0

The above information is for:

☐

MSA.

☐

City

☒

County

☐

Other (specify)

VII. COMPLAINTS

You must provide here a brief description of any complaint which has been filed before any body having competent jurisdiction under Federal, State, territorial or local law, alleging unlawful discrimination in the employment practices of the station including the persons involved, the date of filing, the court or agency, the file number (if any), and the disposition or current status of the matter. Examples of such jurisdiction may include the Equal Employment Opportunity Commission, state and local equal opportunity commissions, or other appropriate agencies.

NONE

VIII. OTHER INFORMATION

You may also describe other information that you believe would allow the FCC to evaluate more completely your efforts in providing equal opportunity in employment at your station. Submission of such information is optional. Among the additional information you may choose to provide are:

Any training programs the station has undertaken that are designed to enable minorities and women to compete in the broadcast employment market including, but not necessarily limited to, on-the-job training and assistance to students, schools or colleges.

Any problems the station has experienced in assuring equal employment opportunity, or attracting qualified minority and women candidates for employment or promotion.

Any efforts the station has undertaken or will undertake to promote equal opportunity in its employment and to encourage applications from minorities and women.

FCC/MELLON JAN 31 1991

LAW OFFICES

COHEN AND BERFIELD, P.C.

BOARD OF TRADE BUILDING

1129 20TH STREET, N.W.

WASHINGTON, D.C. 20036

(202) 466-8565

TELECOPIER
(202) 785-0934

LEWIS I. COHEN
MORTON L. BERFIELD
ROY W. BOYCE
JOHN J. SCHAUBLE*

*VIRGINIA BAR ONLY

January 31, 1991

Federal Communications Commission
Mass Media Services
P.O. Box 358190
Pittsburgh, PA 15251-5190

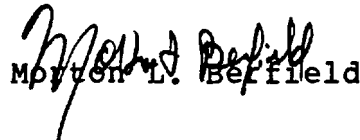
Dear Sir/Madam:

On behalf of Auburn Cablevision, Inc., licensee of standard broadcast station WAUB, Auburn, New York, enclosed are an original and one copy of an application for renewal of that station's license on FCC Form 303S. Also enclosed is the station's Broadcast Equal Employment Opportunity Program Report on Form 396.

A check for \$100 for the filing fee is enclosed as is FCC Fee Form 155.

Should there be any questions concerning this matter, kindly communicate directly with this office.

Sincerely,


Morton L. Berfield

FEDERAL COMMUNICATIONS COMMISSION
FEE PROCESSING FORM

FOR
FCC
USE
ONLY

Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

SECTION I

APPLICANT NAME (Last, first, middle initial)

AUBURN CABLEVISION, INC.

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to Instruction (2) on reverse of form)

32 OWASCO STREET

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

CITY

AUBURN

STATE OR COUNTRY (if foreign address)

NEW YORK

ZIP CODE

13021

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

WAUB

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

(A)

(B)

(C)

FEE TYPE CODE

FEE MULTIPLE
(if required)

FEE DUE FOR FEE TYPE
CODE IN COLUMN (A)

FOR FCC USE ONLY

(1)

M G R

\$ 100.00

SECTION II

— To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)

(B)

(C)

FEE TYPE CODE

FEE MULTIPLE
(if required)

FEE DUE FOR FEE TYPE
CODE IN COLUMN (A)

FOR FCC USE ONLY

(2)

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ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED
WITH THIS APPLICATION
OR FILING

\$ 100.00

FOR FCC USE ONLY

INSTRUCTIONS FOR COMPLETING FEE PROCESSING FORM, FCC FORM 155, May 1990

- (1) **"Applicant Name"** - Enter the name (last, first, middle initial) of the applicant as it appears on the original application or filing being submitted with this Fee Processing Form. If company, enter name which is used commercially.
- (2) **"Mailing Address (Line 1)"** - Enter the street address or post office box number to which the applicant wishes correspondence sent.
- (3) **"Mailing Address (Line 2)"** - This line may be used for further identification of the address if additional space is required.
- (4) **"City"** - Enter the name of the city associated with the given street address.
- (5) **"State or Country"** - Enter the appropriate two-digit state abbreviation as prescribed by the U.S. Postal Service. If address is foreign, enter the appropriate country name here.
- (6) **"ZIP Code"** - Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Postal Service.
- (7) **"Call Sign or Other FCC Identifier"** - Enter an applicable call sign or unique FCC identifier, if any, as shown on your attached application or filing. If applying for a service affecting more than one call sign, enter one call sign only.
- (8) **Column (A), "Fee Type Code"** - Enter correct Fee Type Code(s) from the appropriate Fee Filing Guide. Only one Fee Processing Form may be submitted per application or filing. Inaccurate or erroneous Fee Type Codes may result in your application or filing being returned to you without further processing.
- (9) **Column (B), "Fee Multiple"** - Certain applications and filings may request action with respect to more than one station, license, frequency, or party and can be submitted together with one check if they meet specific conditions. This column is used only if a multiple, i.e., two or more, is being applied for. Examples of when this would be used are renewing more than one call sign, frequency, station, or the transfer of control of more than one station. Refer to the appropriate Fee Filing Guide for additional information.
- (10) **Column (C), "Fee Due For Fee Type Code in Column (A)"** - Enter in this block the amount of the fee associated with the Fee Type Code shown in Column (A) (times (x) the fee multiple, if required).
- (11) **"Total Amount Remitted With This Application or Filing"** - Enter the total of lines (1) through (5) of Column (C). This amount should equal the amount of your check or money order. We will not accept multiple checks.

HOW TO SUBMIT APPLICATIONS AND FILINGS

o Each application or filing should be assembled with the Fee Processing Form stapled to the top of the application with the check placed on top of the Fee Processing Form. **DO NOT STAPLE THE CHECK TO THE APPLICATION OR FEE PROCESSING FORM.** Required copies of applications should be clearly identified as "duplicate copy" and placed behind the original package. A copy of an application or filing submitted for receipt purposes only should be placed at the bottom of the submission. Extraneous material and extra copies should be avoided at all times. Failure to abide by these instructions will delay the processing of your submission.

o Completed applications or filings should be mailed to the proper address shown in the Fee Filing Guide for the particular service for which you are applying or making a filing. Applications and filings which are properly addressed to the appropriate P.O. box number may also be hand delivered to the following address. Applications received before midnight on a normal business day will receive that day's date as the receipt date. Deliveries made after midnight on Fridays will not be "officially" receipted until the next Monday. Applications received on weekends and government holidays are dated the next regular business day.

Federal Communications Commission
c/o Mellon Bank
Three Mellon Bank Center
525 William Penn Way
27th Floor, Rm. 153-2713
Pittsburgh, Pennsylvania
(Attention: Wholesale Lockbox Shift Supervisor)

o A single check, bank draft or money order made payable to the Federal Communications Commission and denominated in U.S. dollars and drawn upon a U.S. financial institution must be included with each application or filing requiring a fee. No postdated, altered or third-party checks will be accepted. Do not send cash.

o Parties hand delivering applications or filings may receive dated receipt copies by presenting copies of the applications or filings to the acceptance clerk at the time of delivery. Receipts will be provided for mail-in applications or filings if an extra copy of the application or filing is provided along with a self-addressed stamped envelope. Only one piece of paper per application or filing will be stamped for receipt purposes.

REMEMBER

o A separate completed Fee Processing Form is required with each application or filing except in certain circumstances. Please refer to the appropriate Fee Filing Guide for additional information.

o A wrong Fee Type Code or incorrect remittance may result in your application or filing being returned without processing, or result in the dismissal of your application or filing. Please ensure that FEE TYPE CODES are correct and that your check or money order equals the amount shown in the TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING block before submitting your application or filing.

o If you have any questions completing this form, please call the Fees Hotline, 202/632-FEES.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 1, Subpart G of the Commission's rules authorize the FCC to request the information on this form. The information requested is required in order to obtain a license or authorization from the Commission. The purpose of the information is to provide a means to link a fee payment to a specific invoice, application or filing. The information will be used by the Commission to maintain data concerning fees paid to the Commission, for internal financial control, audit, and reporting purposes. Information requested on this form will be available to the public. Your response is required to obtain a license or other authorization from the Commission.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Federal Communications Commission, Office of Managing Director, Washington, DC 20554, and to the Office of Management and Budget, Paperwork Reduction Project (3080-0440), Washington, DC 20503.

THIS IS TO NOTIFY YOU THAT YOUR
APPLICATION FOR RENEWAL OF
LICENSE WAS GRANTED ON 05-30-91
FOR A TERM EXPIRING ON 06-01-98
FREQUENCY: 1590KHZ

THIS IS YOUR LICENSE RENEWAL
AUTHORIZATION FOR STATION
WAUB
AUBURN NY

AUBURN CABLEVISION, INC.
WAUB AM STATION
32 OWASCO ST.
AUBURN, NY 13021

THIS ALSO IS THE RENEWAL
CERTIFICATE FOR YOUR CURRENTLY
AUTHORIZED AUXILIARY SERVICES.

THIS CARD MUST BE POSTED WITH THE
STATION'S LICENSE CERTIFICATE AND
ANY SUBSEQUENT MODIFICATIONS.

APPLICATION FOR RENEWAL OF LICENSE FOR
COMMERCIAL AND NONCOMMERCIAL AM, FM OR TV BROADCAST STATION

For <u>Commission</u> Fee Use Only	FEE NO:	For <u>Applicant</u> Fee Use Only
	FEE TYPE:	Is a fee submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	FEE AMT:	If No, indicate reason therefor (check one box): <input type="checkbox"/> Nonfeeable application
	ID SEQ:	Fee Exempt (See 47 C.F.R. Section 1.1112) <input type="checkbox"/> Noncommercial educational licensee <input type="checkbox"/> Governmental entity
For <u>Commission</u> Use Only: File No. 91013 VV		

1. Name of Applicant AUBURN CABLEVISION, INC.			4. Have the following reports been filed with the Commission:	
Mailing Address 32 OWASCO STREET			(a) The Broadcast Station Annual Employment Reports (FCC Form 395-B) as required by 47 C.F.R. Section 73.3612? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City AUBURN	State NY	ZIP Code 13021	If No, attach as Exhibit No. _____ an explanation.	
2. This application is for: <input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV			(b) The applicant's Ownership Report (FCC Form 323 or 323-E) as required by 47 C.F.R. Section 73.3615? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Call Letters: WAUB	(b) Principal Community: City AUBURN State NY		If No, give the following information: Date last ownership report was filed _____ Call letters of station for which it was filed _____	
3. Attach as Exhibit No. _____ an identification of any FM booster or TV booster station for which renewal of license is also requested.				

FEB 26 1991

5. Is the applicant in compliance with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments? ☒ Yes ☐ No

If No, attach as Exhibit No. _____ an explanation.

6. Since the filing of the applicant's last renewal application for this station or other major application, has an adverse finding been made or final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; broadcast related antitrust or unfair competition; criminal fraud or fraud before another governmental unit; or discrimination? ☐ Yes ☒ No

If Yes, attach as Exhibit No. _____ a full description of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers) and the disposition of the litigation.

7. Would a Commission grant of this application come within 47 C.F.R. Section 1.1307, such that it may have a significant environmental impact? ☐ Yes ☒ No

If Yes, attach as Exhibit No. _____ an Environmental Assessment required by 47 C.F.R. Section 1.1311.

If No, explain briefly why not. See Exhibit 1.

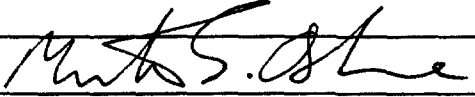
8. Has the applicant placed in its station's public inspection file at the appropriate times the documentation required by 47 C.F.R. Sections 73.3526 or 73.3527? ☒ Yes ☐ No

If No, attach as Exhibit No. _____ a complete statement of explanation.

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in the application.

CERTIFICATION: I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name	Minturn S. Osborne	Signature	
Title	V.P.-Radio Div. Auburn Cablevision	Date	1-29-91

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

FEDERAL COMMUNICATIONS COMMISSION
FEE PROCESSING FORM

FOR
FCC
USE
ON

000000 JAN 31 1991

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32 OWASCO STREET

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CITY

AUBURN

STATE OR COUNTRY (if foreign address)

NEW YORK

ZIP CODE

13021

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

WAUB

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(A)

(B)

(C)

FEE TYPE CODE

FEE MULTIPLE
(if required)

FEE DUE FOR FEE TYPE
CODE IN COLUMN (A)

FOR FCC USE ONLY

(1)

M G R

\$ 100.00

SECTION II

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(A)

(B)

(C)

FEE TYPE CODE

FEE MULTIPLE
(if required)

FEE DUE FOR FEE TYPE
CODE IN COLUMN (A)

FOR FCC USE ONLY

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ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED
WITH THIS APPLICATION
OR FILING

\$ 100.00

FOR FCC USE ONLY

100.00

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Federal Communications Commission
c/o Mellon Bank
Three Mellon Bank Center
525 William Penn Way
27th Floor, Rm. 153-2713
Pittsburgh, Pennsylvania
(Attention: Wholesale Lockbox Shift Supervisor)

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EXHIBIT 1

The WAUB facilities do not significantly affect the environment as the antenna site is in a rural area, fenced and marked by appropriate warning signs and is therefore not accessible to the general public.

ORIGINAL

LAW OFFICES

COHEN AND BERFIELD, P.C.

BOARD OF TRADE BUILDING

1129 20TH STREET, N.W.

WASHINGTON, D.C. 20036

(202) 466-8565

TELECOPIER
(202) 785-0934

LEWIS I. COHEN
MORTON L. BERFIELD
ROY W. BOYCE
JOHN J. SCHAUBLE*

*VIRGINIA BAR ONLY

January 31, 1991

Federal Communications Commission
Mass Media Services
P.O. Box 358190
Pittsburgh, PA 15251-5190

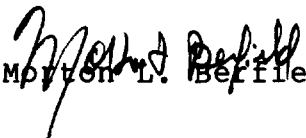
Dear Sir/Madam:

On behalf of Auburn Cablevision, Inc., licensee of standard broadcast station WAUB, Auburn, New York, enclosed are an original and one copy of an application for renewal of that station's license on FCC Form 303S. Also enclosed is the station's Broadcast Equal Employment Opportunity Program Report on Form 396.

A check for \$100 for the filing fee is enclosed as is FCC Fee Form 155.

Should there be any questions concerning this matter, kindly communicate directly with this office.

Sincerely,


MORTON L. BERFIELD

FEDERAL COMMUNICATIONS COMMISSION

WASHINGTON, D.C. 20554

17 APR 1991

IN REPLY REFER TO:

8900-LJY

Morton L. Brefield, Esquire
Cohen & Berfield, P.C.
1129 20th St., N.W.
Washington, D.C. 20036

In re: WAUB(AM)
Auburn, NY
BR-910131VV

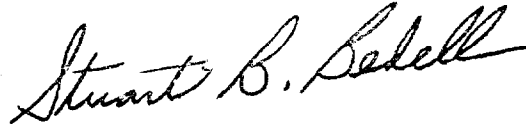
Dear Attorney:

Review of your client's above-referenced renewal application indicates ~~that~~ it is deficient in the manner described below:

- [X] the information provided regarding the station's environmental impact (including radio frequency radiation) does not demonstrate compliance with 47 C.F.R. Section 1.1307 (see enclosed clarification);

Processing of the application cannot be completed until the noted deficiency has been corrected. Accordingly, please submit the required information as an amendment to the application, in duplicate, to Room 302 of the Commission, attention Lakisiha J. Young. If you have any questions concerning the above, please contact Ms. Young at (202) 632-6485.

Sincerely,



Larry D. Eads
Chief, Audio Services Division
Mass Media Bureau

Enclosure

ORIGINAL

LAW OFFICES

COHEN AND BERFIELD, P.C.

BOARD OF TRADE BUILDING

139-20TH STREET, N.W.
WASHINGTON, D.C. 20036

(202) 466-8565

LEWIS I. COHEN
MORTON L. BERFIELD
ROY W. BOYCE
JOHN J. SCHAUBLE*

*VIRGINIA BAR ONLY

TELECOPIER
(202) 785-0934

May 13, 1991

RECEIVED

MAY 13 1991

Federal Communications Commission
Office of the Secretary

WAUB, NY

Ms. Donna R. Searcy
Secretary
Federal Communications Commission
1919 M Street, N.W.
Washington, D.C. 20554

Dear Ms. Searcy:

On behalf of Auburn Cablevision, Inc., there is submitted herewith in triplicate an amendment to the pending renewal application of standard broadcast station WAUB, Auburn, NY (File No. BR-910131VV). The amendment responds to the Commission request for additional information regarding RF radiation.

Should there be any questions, kindly communicate directly with this office.

Very truly yours,

Morton L. Berfield
Morton L. Berfield

Enclosures

RECEIVED

MAY 13 1991

Federal Communications Commission
Office of the Secretary

AMENDMENT

The application of Auburn Cablevision, Inc. for renewal of license of standard broadcast station WAUB, Auburn, NY (File No. BR-910131VV) is hereby amended to reflect the attached revised Exhibit 1 relating to radio frequency radiation.

AUBURN CABLEVISION, INC.

By Minturn S. Osborne 5/8/91
Minturn S. Osborne
Vice-President,
Radio Division

Date: 5/8/91

Exhibit 1 (Revised)

The WAUB facilities do not significantly affect the environment as the antenna site is in a rural area, with a locked fence and marked by appropriate warning signs and is therefore not accessible to the general public. There are no other nearby radio or television stations.

WAUB operates on 1590 Kilohertz, with power of 500 watts daytime, and one Kilowatt nighttime. The fence is more than three meters from the base of the tower. The fence is locked and the only person who periodically enters the fenced area is the station's contract engineer, who is experienced in dealing with RF safety measures and who enters the area for as brief a period as circumstances permit. The station is in compliance with the guidelines of the American National Standards Institute (ANSI C95.1) and OST Bulletin No. 65.

RECEIVED

MAY 13 1991

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Federal Communications Commission
Office of the Secretary

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Commission Use Only

File No.

BAL-91129EE

United States of America
Federal Communications Commission
Washington, D.C. 20554

Approved by OMB
3060-0031
Expires 6/30/89

NNNN 96-209

APPLICATION FOR CONSENT TO ASSIGNMENT OF BROADCAST STATION CONSTRUCTION PERMIT OR LICENSE
(Carefully read instructions before filling out form — RETURN ONLY FORM TO FCC)

Section I

GENERAL INFORMATION

Part I — Assignor

1. Name of Assignor

Auburn Cablevision, Inc.

Street Address

32 Owasco Street

City

Auburn

State

NY

Zip Code

13021

Telephone No.

(include area code) (315) 253-7111

2. Authorization which is proposed to be assigned

(a) Call letters **WAUB(AM)** Location **Auburn, New York**

(b) Has the station commenced its initial program tests within the past twelve months?

☐ YES ☒ NO

If yes, was the initial construction permit granted after comparative hearing?

N/A

☐ YES ☐ NO

If yes, attach as Exhibit No. _____ the showing required by Section 73.3597.

N/A

Call letters of any Remote Pickup, STL, SCA, or other stations which are to be assigned:

KB-97314

4. Is the information shown in assignor's Ownership Reports (FCC Form 323 or 323-E) now on file with the Commission true and correct as of this date?

☒ YES ☐ NO

If No, attach as Exhibit No. _____ an Ownership Report supplying full and up-to-date information.

5. Attach as Exhibit No. 1 a copy of the contract or agreement to assign the property and facilities of the station. If there is only an oral agreement, reduce the terms to writing and attach.

6. State in Exhibit No. 2 whether the assignor, or any partner, officer, director, member of the assignor's governing board or any stockholder owning 10% or more of the assignor's stock: (a) have any interest in or connection with an AM, FM or television broadcast station; or a broadcast application pending before the FCC; or (b) has had any interest in or connection with any dismissed and/or denied application; or any FCC license which has been revoked.

The Exhibit should include the following information: (i) name of party with such interest; (ii) nature of interest or connection, giving dates; (iii) call letters or file number of application; or docket number; (iv) location.

Part I—Assignor

7. Since the filing of the assignor's last renewal application for the authorization being assigned, or other major application, has an adverse finding been made, a consent decree been entered or adverse final action been approved by any court or administrative body with respect to the assignor or any partner, officer, director, member of the assignor's governing board or any stockholder owning 10% or more of assignor's stock, concerning any civil or criminal suit, action or proceeding brought under the provisions of any federal, state, territorial or local law relating to the following: any felony; lotteries; unlawful restraints or monopolies; unlawful combinations; contracts or agreements in restraint of trade; the use of unfair methods of competition; fraud; unfair labor practices; or discrimination? ☐ YES ☒ NO

If Yes, attach as Exhibit No. _____ a full description, including identification of the court or administrative body, proceeding by file number, the person and matters involved, and the disposition of litigation.

Section I

GENERAL INFORMATION

Part II — Assignee

1. Name of Assignee **Morgan Media, Inc.**

Street Address (or other identification)

5 Silver Avenue

City

Auburn

State

N Y

Zip Code

13021

Telephone No.

(Include area code)

(315) 252-4830

2. Does the contract submitted in response to Question 5, Part I of Section I embody the full and complete agreement between the assignor and assignee? ☒ YES ☐ NO

If No, explain in Exhibit No. _____.

Section II

ASSIGNEE'S LEGAL QUALIFICATIONS

1. Assignee is:

☐ an individual

☐ a general partnership

☐ a limited partnership

☒ a corporation

☐ other

2. If the applicant is an unincorporated association or a legal entity other than an individual, partnership or corporation, describe in Exhibit No. _____ the nature of the applicant.

CITIZENSHIP AND OTHER STATUTORY REQUIREMENTS

YES NO

3. (a) Is the applicant in compliance with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments? ☒ ☐

(b) Will any funds, credit, etc., for construction, purchase or operation of the station be provided by aliens, foreign entities, domestic entities controlled by aliens, or their agents? ☐ ☒

If Yes, provide particulars as Exhibit No. _____.

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 4. (a) Has an adverse finding been made, adverse final action taken or consent decree approved by any court or administrative body as to the applicant or any party to the application in any civil or criminal proceeding brought under the provisions of any law related to the following: any felony, antitrust, unfair competition, fraud, unfair labor practices, or discrimination? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (b) Is there now pending in any court or administrative body any proceeding involving any of the matters referred to in 4.(a)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to (a) or (b) above is Yes, attach as Exhibit No. _____, a full disclosure concerning the persons and matters involved, identifying the court or administrative body and the proceeding (by dates and file numbers), stating the facts upon which the proceeding was based or the nature of the offense committed, and disposition or current status of the matter. Information called for by this question which is already on file with the Commission need not be refiled provided: (1) the information is now on file in another application or FCC form filed by or on behalf of the assignee; (2) the information is identified fully by reference to the file number (if any), the FCC form number, and the filing date of the application or other form containing the information and the page or paragraph referred to; and (3) after making the reference, the assignee states, "No change since date of filing."